RUN DATE: (PROVIDER NUMBER	07/12/2004			RS CHECKWRITE SUMMARY REPORT CHECKWRITE DATE: 07/13/2004 FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
NUMBER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8517	46	CLAIMS DENIED, SUBMITTED BEYON				
	H/DD/SAS			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		11	5	CLIENT NOT ELIGIBLE ON SERVICE	(51	106	5.0
				DATE				
3404902	BLUE RIDGE COMM	8517	86	CLAIMS DENIED, SUBMITTED BEYON				
	UNITY			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		0	0		(86	86	
3404904		8517	1167	CLAIMS DENIED, SUBMITTED BEYON				
3404304	WESTERN HIGHLAN DS LME	0317	1107	D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		11	85	CLIENT NOT ELIGIBLE ON SERVICE				40
				DATE		1312	2675	1363
		0	21	ZERO EOB APPLIED				
		-	***	AUD III MAND			 	
3404905		8517	178	CLAIMS DENIED, SUBMITTED BEYON				
3404303	TREND COMM MENT AL HLTH CTR	0317	170	D FILING TIMELIMIT. JULY				
	no nom on			THROUGH APRIL DOS MUST BE SUBM				
		0540	0.4					
		8518	24	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND	(219	219	0
				JUNE DOS MUST BE SUBMITTED BY				
		8326	4.7	ATTENDING PROVIDER NUMBER IS R				
		0320	17	EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A			1	
3404907	RUTHERFORD=POLK	U	U	*** NO DATA TO REPORT ***				
		0	0					
		0	U		(0	0	0
3404910	PATHWAYS	8517	423	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	42	DETAIL NOT COVERED BY COMBINAT		543	2087	1544
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	31	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED				
		+		FOR ADDITIONAL SERVICE.			 	
3404912	CATAWBA COUNTYM	8931	148	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	ENTAL HEALT	+		MY LODG IN IERG.			 	
			1					
		8599	76	DETAIL NOT COVERED BY COMBINAT	220	357	3250	2893
		+		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			 	
		8935	47	ASTNC INELIGIBLE TO RECEIVE SE				
		+		RVICES IN IPRS.				1
			1					
	MECKLENBURG COM	8599	1146	DETAIL NOT COVERED BY COMBINAT			<u> </u>	
	ENTAL HEALT	+		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				1
		8517	1008	CLAIMS DENIED, SUBMITTED BEYON	1591	4530	11455	6925
		+		D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM			 	
	 	1	1	** **			 	
	1							
		8933	981	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

							TOTAL	TOTAL
ROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
UMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
404916		8517	312	CLAIMS DENIED, SUBMITTED BEYON				
101510	CROSSROADS BEHA VIORAL HEAL	0327	322	D FILING TIMELIMIT. JULY				
	VIORAL REAL			THROUGH APRIL DOS MUST BE SUBM				
		8599	180	DETAIL NOT COVERED BY COMBINAT	19	566	5520	4954
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	15	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
404917		8517	4350	CLAIMS DENIED, SUBMITTED BEYON				
	CENTERPOINT HUM AN SERVICES			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		537	187	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	274	5774	10185	4411
				HIS DATE OF SERVICE				
		167	186	NO CHARGE BILLED. ENTER BILLED				
				AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
104918	DOCATACHAM CO M	8517	382	CLAIMS DENIED, SUBMITTED BEYON			1	
	ROCKINGHAM CO M ENTAL HEALT			D FILING TIMELIMIT. JULY			 	
				THROUGH APRIL DOS MUST BE SUBM				
		11	157	CLIENT NOT ELIGIBLE ON SERVICE	30	629	2238	1609
	1	1		DATE			1	
							 	
		8599	28	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				1
				BENEFIT PACKAGE.				
404919		8517	1629	CLAIMS DENIED, SUBMITTED BEYON				
404313	GUILFORD CO MEN	0317	1023	D FILING TIMELIMIT. JULY				+
	TAL HEALTHC			THROUGH APRIL DOS MUST BE SUBM				
		8599	365	DETAIL NOT COVERED BY COMBINAT	213	2388	13111	10723
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENELT LIGHTON.				
		8935	149	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
104920		8517	3625	CLAIMS DENIED, SUBMITTED BEYON				
	ALAMANCE CASWEL L AREA MH D			D FILING TIMELIMIT. JULY				
	D THURS PHI D			THROUGH APRIL DOS MUST BE SUBM				
		8599	329	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	92	4218	17319	13101
				BENEFIT PACKAGE.				
		8000	61	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
404921	ORANGE PERSON C	8517	3795	CLAIMS DENIED, SUBMITTED BEYON			 	
	HATHAM AREA	+		D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		5212	2226	DRIOR MUMMORISED DOLLARS TWOMPS				
	1	5312	2336	PRIOR AUTHORIZED DOLLARS EXCEE DED	27	8203	18883	10680
	1	+	1				 	
		21	1000	DUPLICATE OF CLAIM-SYSTEM				
	1	1					1	
104922	THE DURHAM CENT	0	0	*** NO DATA TO REPORT ***			 	
	ER							
			0					
		U	U		0	0	0	
	1	+					 	
104923	VGFW AREA AUTHO	8517	2263	CLAIMS DENIED, SUBMITTED BEYON				
	RITY			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		U	149	ZERO EOB APPLIED	2	2528	4372	1844
				T. Control of the Con	1			
		11	106	CLIENT NOT ELIGIBLE ON SERVICE				
		11	106	CLIENT NOT ELIGIBLE ON SERVICE DATE				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925		23	1256	SERVICE REQUIRES PRIOR APPROVA				
3404323	SANDHILLS CENTE	2.5	1230	T.				
	R FOR MH/DD			-				-
		8517	969	CLAIMS DENIED, SUBMITTED BEYON	39	3306	7213	3907
				D FILING TIMELIMIT. JULY	33	3300	1223	3301
				THROUGH APRIL DOS MUST BE SUBM				
		8526	395	CLAIM DENIED, UNITS BILLED MUS				
				T BE GREATER THAN ZERO				
3404926	SOUTHEASTERN RE	8517	20893	CLAIMS DENIED, SUBMITTED BEYON				
	G MENTAL HL			D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				THROUGH APRIL DUS MUST BE SUBM				-
		11	337	CLIENT NOT ELIGIBLE ON SERVICE	4.47	004.60	20004	4.000
			337	DATE	147	22160	38821	16661
	1	0	239	ZERO EOB APPLIED				—
	+	1	1	<u> </u>				
			1	<u> </u>				t
	1	1	1					
3404927	CUMBERLAND CO M	8599	522	DETAIL NOT COVERED BY COMBINAT				
	HC	1	1	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
			1					
		8517	339	CLAIMS DENIED, SUBMITTED BEYON	6	947	6908	5961
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		191	34	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404929	LEE HARNETT MH/	8517	371	CLAIMS DENIED, SUBMITTED BEYON				
	DD/SAS			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		11	159	CLIENT NOT BLICTRIE ON GROUTER				
		11	139	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	651	4574	3923
				DATE				-
		8599	35	DETAIL NOT COVERED BY COMBINAT				
		0333	33	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	8517	26	CLAIMS DENIED, SUBMITTED BEYON				
	MNTL HLTHC			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		İ						
		0	0		0	26	257	231
			1					
3404931	WAKE CO HUM SVC	8517	5765	CLAIMS DENIED, SUBMITTED BEYON				
	BILLING OF			D FILING TIMELIMIT. JULY	-			
				THROUGH APRIL DOS MUST BE SUBM				
		11	1129	CLIENT NOT ELIGIBLE ON SERVICE	226	8666	31086	22420
			1	DATE				
			1					
		U	908	ZERO EOB APPLIED				
	+	1	1				1	
	+	1	1				1	
3404933	1	8517	272	CLAIMS DENIED, SUBMITTED BEYON			1	
		001/		D FILING TIMELIMIT. JULY				-
	R FOR MH/DD	1	1	THROUGH APRIL DOS MUST BE SUBM				-
	-	1	1	AMOUGH REKIN DOS MUSI BE SUBM				1
	+	8599	122	DETAIL NOT COVERED BY COMBINAT		732	200	
	+			ION OF RECIPIENT, PROVIDER AND	82	732	7508	6776
	+	1	1	BENEFIT PACKAGE.				-
	+	1	1					
	+	8931	56	AMTNC INELIGIBLE TO RECEIVE SE				
	1	1	1	RVICES IN IPRS.				
	1	1	1					
	+	+	1	1			1	
·	1	1	1	I .	l .	1	1	

							TOTAL	TOTAL
ROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
UMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
404934	ONOT ON COUNTY D	23	806	SERVICE REQUIRES PRIOR APPROVA				
	ONSLOW COUNTY B EHAVIORAL H			L				
		8517	144	CLAIMS DENIED, SUBMITTED BEYON	0	1014	1253	239
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				INCOUGN APRIL DOS MOST BE SUBM				
		11	54	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
404936	WILSON-GREENE M	8517	150	CLAIMS DENIED, SUBMITTED BEYON				
	ENTAL HEALT			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8931	37	AMTNC INELIGIBLE TO RECEIVE SE	56	277	2140	1863
				RVICES IN IPRS.	56	217	2140	1863
		8000	31	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
404937	EDGECOMBE NASH	8517	556	CLAIMS DENIED, SUBMITTED BEYON				
	MNTL HLTH C			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		21	6	DUPLICATE OF CLAIM-SYSTEM	0	568	1929	1361
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
404938	RIVERSTONE MENT	8517	3630	CLAIMS DENIED, SUBMITTED BEYON				
	AL HEALTH C			D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				111100011 111111 200 11001 21 00201				
		8599	32	DETAIL NOT COVERED BY COMBINAT	0	3677	4586	909
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		24	9	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
404939	NEUSE MENTAL HE	8517	862	CLAIMS DENIED, SUBMITTED BEYON				
	ALTH CENTER			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		11	102	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	1186	2429	1243
				APP. A.				
		21	85	DUPLICATE OF CLAIM-SYSTEM				
	<u> </u>		<u> </u>					
								_
104941		0517	1002	CIAIMS DENIED SUBMITTED DOVON				
104941	PITT CO MH/DD/S	8517	1903	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
	AS CENTER			THROUGH APRIL DOS MUST BE SUBM				
		21	624	DUPLICATE OF CLAIM-SYSTEM	129	3367	6042	2675
		9500	207	DESTRIE MOST COMEDED BY COMPANY				
		8599	287	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				DENEFIT PACKAGE.				
04942	ROANOKE CHOWANH	11	61	CLIENT NOT ELIGIBLE ON SERVICE				
	UMAN SERVIC			DATE				
	<u> </u>		<u> </u>					
		8517	47	CLAIMS DENIED, SUBMITTED BEYON	32	234	1712	1478
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				THROUGH APRIL DUS MUST BE SUBM				
		0	42	ZERO EOB APPLIED				<u> </u>
				1				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943		8599	88	DETAIL NOT COVERED BY COMBINAT				
3404343	ALBEMARLE MENTA	0399	00	ION OF RECIPIENT, PROVIDER AND		-		
	L HEALTH CE			BENEFIT PACKAGE.				
		537	40	PROCEDURE IS NOT COVERED FOR T	53	292	2839	2547
				HIS DATE OF SERVICE				
		11	37	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404944		8517	857	CLAIMS DENIED, SUBMITTED BEYON				
3404344	EASTPOINTE HUMA N SERVICES	0017	0.07	D FILING TIMELIMIT. JULY				
	N SERVICES			THROUGH APRIL DOS MUST BE SUBM				
		21	243	DUPLICATE OF CLAIM-SYSTEM	162	1407	10515	910
								1
		8931	115	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
						<u> </u>		
3404946		8517	506	CLAIMS DENIED, SUBMITTED BEYON				
3404946	FOOTHILLS AREAM	0317	306	D FILING TIMELIMIT. JULY				
	ENTAL HEALT			THROUGH APRIL DOS MUST BE SUBM				
		11	132	CLIENT NOT ELIGIBLE ON SERVICE	9	896	6512	5616
				DATE		030	0312	3011
		8599	106	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL	8517	1864	CLAIMS DENIED, SUBMITTED BEYON				
	HEALTH CTR			D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	274	DETAIL NOT COVERED BY COMBINAT	321	2531	10705	8174
				ION OF RECIPIENT, PROVIDER AND	321	2531	10705	8174
				BENEFIT PACKAGE.				
		8931	194	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
		0	0			 	-	<u> </u>
		-	-		0	0	0	(
			_			 	 	1
3404979	NEW RIVER AREAM	0	141	ZERO EOB APPLIED			 	
	H/DD/SA PRO					1		
		8517	103	CLAIMS DENIED, SUBMITTED BEYON	0	251	1614	1363
				D FILING TIMELIMIT. JULY				
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		11						